## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	4-16-08		Address:	(2L)	2 5	R 62		
Case #:	PO 08-043D	\$ 18		2000 B	: :	<u>√√</u> <u> </u>		٠.
County:	Posey Co.	· .	GPS.				735215.28	
	HARESTICS WONTE						1 32 15.48	
Type of La	<u>aboratorv Scizure</u> (cbeck оле)		Seizure Loc	ation (che	ek all t	rat apply)		
Operati Chemic Dumps	onal Lab al/Glassware/Equipment (onlite (only)	у).	Residence Outbuild Vehicle	:e	∏ Ho	tel/Motel en – No St	ructure	
Items Four	nd (check all that apply)		Child under	age 18 d	iscove	red (check)		
Red Pho	n/Ammonia Reaction(s) osphorous/Iodine Reaction(s) able Solvents Reactive Metal (Lithium)			(ὑ╓	mber p	resent)		
Anhydrod Hydrod Corrosi Corrosi	ous Ammonia hloric Acid Gas Generator(s) ve Acid ve Base					,	•	
∑ Other: ₃	STRIPED OUT LITHOUM BATT	erus.	-			,		
This repor	t is to be faxed to the follow	ng age	ncies <u>th</u> at serv	<u>re</u> the loca	ıtion:			
Fire Department			JERNON F			Fax <b>%</b> 12-1	38-8702	
Health Dep	artment:		EY CO. HEAL					
Child Prote	ctive Services Department:		माज	<u> </u>		Fax		
For further to below.	information regarding this me	thamph	netamine Iabora	atory, cont	tact the	investigal	ing officer lis	tad
Investigatin	g Officer: Kennety	l Ka	<u>ee</u>		Ph:	one <u>912-8</u> 19 - 34	38 - 8695 <u> </u>	
** This for listed wi	m is to be faxed to the Fire Deparm thin 24 hours of scene processing.	ient, Hea					•	

This form is to be included with case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.